

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

300

1. PLACE OF DEATH

12 County Butler
Township Ash Hill
City _____ (No. _____)

Registration District No. 90
Primary Registration District No. 15734C

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME Annie Ball Smith

(a) Residence, No. Highway 53 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. D. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1983
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 -- 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blodgett, Mo. 1

FATHER 13. NAME Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT M. D. Smith
(ADDRESS) Highway #53

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Hill Cemetery DATE 1/20 1932

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 124 19 32 Vera J. Smith
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19th, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 6th, 1932 to Jan 18th, 1932

I last saw him alive on Jan 15th, 1932 Death is said

to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

38 Robert Pneumonia Jan 12
11A
108 38
8 malaria Jan 6
8 influenza Jan 6

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. N. Barnett M. D.

(Address) Poplar Bluff, Mo.

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